

### Procedure Codes for Provider Type 061

Community Mental Health Centers					
Local Code	MOD	Local Code Description	National Code	National Code Description	MOD
H2011		CRISIS INTERVENTION SERVICE, PER 15 MINUTES	H2011	CRISIS INTERVENTION SERVICE, PER 15 MINUTES	
H2015		COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	H2015	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	
H2020		THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	H2020	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	
H2020	U2	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	H2020	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	U2
H2020	U3	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	H2020	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	U3
X0133		MULTI-DISCIPLINARY TREATMENT PLANNING-NO PHYSICIAN PARTICIPATION. (MINIMUM 50-60 MIN SESSION)	H0032	MENTAL HEALTH SERVICE PLAN DEVELOPMENT BY NON-PHYSICIAN, 15 MINUTES	
X0134		MULTI-DISCIPLINARY TREATMENT PLANNING-PHYSICIAN PARTICIPATION (MINIMUM 50-60 MIN SESSION)	X0134	MULTI-DISCIPLINARY TREATMENT PLANNING-PHYSICIAN PARTICIPATION (MINIMUM 50-60 MIN SESSION)	
X0135		MULTI-DISCIPLINARY TREATMENT PLANNING-NO PHYSICIAN PARTICIPATION (MINIMUM 25-30 MINUTES)	H0032	MENTAL HEALTH SERVICE PLAN DEVELOPMENT BY NON-PHYSICIAN, 15 MINUTES	
X0136		MULTI-DISCIPLINARY TREATMENT PLANNING-PHYSICIAN PARTICIPATION (MINIMUM 25-30 MINUTE SESSION)	X0136	MULTI-DISCIPLINARY TREATMENT PLANNING-PHYSICIAN PARTICIPATION (MINIMUM 25-30 MINUTE SESSION)	
X0137		CPST-CSS CLIENT COMMUNITY-BASED 1/2 HOUR UNIT	H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	
X0138		CPST-CSS CLIENT - GROUP RESIDENCE PER DIEM		To Be Eliminated	
X0139		CPST GEN. OUTPATIENT COMMUNITY BASED 1/2 HOUR UNIT	H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES (Maximum of 248 units per month)	
X0140		CPST GEN, OUTPATIENT GROUP RESIDENCE PER DIEM		To Be Eliminated	
X0175		CRISIS INTERVENTION - MINIMUM 1/2 HOUR	H2011	CRISIS INTERVENTION SERVICE, PER 15 MINUTES	U1
X0301		EARLY START	X0301	EARLY START	
X0336		RESIDENTIAL COUNSELING CENTER	H0019	ALCOHOL AND/OR DRUG SERVICES; LONG TERM RESIDENTIAL- NON MEDICAL, NON ACUTE CARE IN RESIDENTIAL TREATMENT PROG	
X0340		DAY PROGRAM-MENTALLY ILL CHILD		To Be Eliminated	
X0341		ADULT MH RESIDENTIAL SERVICE	X0341	ADULT MH RESIDENTIAL SERVICE	
X0342		MOBILE TREATMENT TEAM (MTT)	H0040	ASSERTIVE COMMUNITY TREATMENT PROGRAM, PER DIEM	

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X0343		DAY PROGRAM-MENTALLY ILL/STRUCTURED THERAPY UNITS (STU)		H2017	Psychosocial rehabilitative services, per 15 mins	
X0516		PROJECT CONNECT- DCYF- PER DIEM		H2022	COMMUNITY BASED WRAP AROUND SERVICES, PER DIEM	
X0518		PROJECT CONNECT-DCYF-PER DIEM		H2022	COMMUNITY BASED WRAP AROUND SERVICES, PER DIEM	
X0533		MULTI-DISCIPLINARY TREATMENT PLANNING-NO PHYSICIAN PARTICIPATION (MINIMUM 50-60 MINUTE SESSION)			To Be Eliminated	
X0534		MULTI-DISCIPLINARY TREATMENT PLANNING-PHYSICIAN PARTICIPATION (MINIMUM 50-60 MINUTE SESSION)			To Be Eliminated	
X0535		MULTI-DISCIPLINARY TREATMENT PLANNING- NO PHYSICIAN PARTICIPATION (MINIMUM 25-30 MINUTE SESSION)			To Be Eliminated	
X0536		MULTI-DISCIPLINARY TREATMENT PLANNING-PHYSICIAN PARTICIPATION (MINIMUM 25-30 MINUTE SESSIONS)			To Be Eliminated	
<b>X0537</b>		<b>CES - COMPREHENSIVE EMERGENCY SERVICES - DCYF</b>		<b>H2022</b>	<b>*** For Future Use - COMMUNITY BASED WRAP AROUND SERVICES, PER DIEM</b>	
X0601		ENHANCED EARLY START		X0601	ENHANCED EARLY START	

MOD	Description
U2	Medicaid Level of Care 2 State Defined
U3	Medicaid Level of Care 3 State Defined